

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	<i>67614</i>	<i>6/15/65</i>
O.I.P.E. CLASSIFIER		<i>12</i>	
FORMALITY REVIEW	<i>Freig</i>	<i>854</i>	<i>7-28-65</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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39	✓
40	✓
41	✓
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45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
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91	✓
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97	✓
98	✓
99	✓
100	✓

Claim	Date
Final	
Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
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111	✓
112	✓
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138	✓
139	✓
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143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)